ANDOVER PLANNING BOARD

APPLICATION FOR SPECIAL PERMIT FOR CLUSTER DEVELOPMENT

(Section 7.1. of the Zoning By-Law)

APPLICATION MUST BE COMPLETE (Please print or type)

Application is hereby made for a Special Permit for Cluster Development pursuant to Section 7.1. of the Zoning By-Law and for approval of a Definitive Plan of a subdivision under Sections III and VI of the Rules and Regulations Governing the Subdivision of Land of the Andover Planning Board.

търр	lıcant(s) Name	e:	
Mail	ing Address: _		Telephone:
Reco	ord Owner(s):_		
Mail	ing Address: _		Telephone:
Nam	e of Developr	ment	
Nam	e(s) of Engine	eer and Surveyor:	
Mail	ing Address _		Telephone:
Mail	ing Address _		Telephone:
Deed	l of Property r	recorded in North Essex (County Registry of Deeds, Book
Page	;	. Property is in Zoning I	District; and is generally
1 4	ed		

T	otal area of parcel being subdivided*		
N	Ainus area in proposed street layouts		
E	Equals area of lots plus Open Land		
Г	Divided by district minimum lot area		
E	Equals maximum number of lots allowable		
N	Number of lots proposed		
Т	otal area of parcel being subdivided*		
T	imes 0.30 equals minimum Open Land Area		
C	Open Land Area proposed		
Г	District minimum lot area		
T	imes 2/3 equals smallest allowable lot area		
S	mallest lot area proposed		
Γ	Describe any previous Special Permit Application	n for these pre	mises
_		Date_	
L	ist accompanying application materials (plans,		
Γ	<u>Description</u>		<u>Latest Revision Date</u>
_		_	
_		_	
_		_	
_		_	

^{*}Including "frontage lots" if included in the subdivision plan.

Attach hereto a list of all abutters, owners of land directly opposite on any; public or private street or way, and owners of land within 300 feet of the property perimeter, all as they appear on the most recent tax list, even if across a town line.

I understand and agree to comply with "Information for Cluster Applicants", June 19, 1978, and agree to pay for advertising, recording fees, and such other expenses as are required.

Date of Submission		
(to be filled in by Planning Board)		
Date of Applicant's Endorsement		
Plan Submitted to Board of Health		
Plan Submitted to Conservation Commission		
Signature of Record Owner	Signature of Applicant	
Print Name	Print Name	
Date	Date	
OFFICE USE ONLY:		
Date of Submission		
IDR Meeting Date		
Planning Board Review(Revised: 6-01)		